



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Remit a check of \$100.00 to the Alabama Board of Medical Examiners when you submit your completed application.

APPLICATION FOR REGISTRATION OF ANESTHESIOLOGIST ASSISTANT

ANESTHESIOLOGIST TO COMPLETE:

Supervising Anesthesiologist Name in Full
AL Medical License Number
Medical Specialty Board Certified: Board Eligible:
Principal Practice Location Address
County of Principal Practice Location
Telephone Number: () FAX Number ()

- 1. Is the anesthesiologist assistant for whom registration is sought employed by you or by your group, partnership or professional corporation? YES NO If the answer is NO, Supplemental Certificate must be submitted.

ANESTHESIOLOGIST ASSISTANT TO COMPLETE:

Anesthesiologist Assistant Name in Full
AL A. A. License Number Place a "N/A" if you do not have an Alabama license.

ANESTHESIOLOGIST ASSISTANT JOB DESCRIPTION

Listed below are duties approved by the Board as a basic job description. Any additional duties requested must be listed. Any additional duties must be individually considered and approved by the Board before performing them.

The following list includes the basic roles and functions to be performed by the Anesthesiologist Assistant. The list includes the acts, tasks and functions which the AA will be allowed to perform under supervision of an anesthesiologist, as well as those limited actions to be taken in life-threatening emergency conditions.

- 1. Administers anesthesia under the supervision of an anesthesiologist.
2. Performs initial acute cardio-pulmonary resuscitation in life-threatening situations as directed by an anesthesiologist.
3. Establishes multi-parameter monitoring of patients prior to, during and after anesthesia or in other acute care situations. This may include invasive / non-invasive monitoring under the direct supervision of an anesthesiologist. Also, other monitoring as may be developed for anesthesia and intensive care use may be incorporated.
4. Manages perioperative anesthetic care, including ventilary support and other respiratory care parameters as directed by an anesthesiologist.
5. Assists in research projects as carried out by an anesthesiologist.
6. Instructs others in principles and practices of anesthesia, respiratory care and cardio-pulmonary resuscitation as directed by the anesthesiologist.
7. Assists an anesthesiologist in gathering routine perioperative data.

8. Provide emergency medical services in the event of declared national emergency or natural disaster in accordance with the requirements of Board Rules.

9. The choice of anesthesia and drugs to be employed are prescribed by an anesthesiologist for each patient except:

- (a) where standard orders for the conduct of specified anesthetic are prescribed; and
- (b) where life threatening emergencies arise necessitating the utilization of standard therapeutic or resuscitation procedures. An anesthesiologist will be immediately available for consultation regarding changes from standard procedures.

10. ADDITIONAL DUTIES REQUESTED FOR THE ANESTHESIOLOGIST ASSISTANT (i.e. procedures requiring additional training).

Provide, as an attachment to this Job Description, documentation of the training and/or certification which qualifies the anesthesiologist assistant to perform each additional duty/procedure which is requested. Training for the additional duty/procedure shall have been previously approved by the Board pursuant to Board Rules.

Do you want to request approval to train for additional duty/procedure at this time?

11. List each practice site where this Job Description will be utilized and the number of hours this A. A. will be working weekly in each site. Must include name, address and phone number of each site:

PRACTICE NAME	_____	_____	_____
ADDRESS	_____	_____	_____
PHONE	_____	_____	_____
HOURS <i>Per Week</i>	_____	_____	_____

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Anesthesiologist Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules and regulations of the State of Alabama pertaining to anesthesiologist assistants and understand our responsibilities. We understand that we are equally responsible for the actions of the Anesthesiologist Assistant.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

_____ Print Name	_____ Signature of Primary Supervising Anesthesiologist	_____ Date
_____ Print Name	_____ Signature of Anesthesiologist Assistant	_____ Date

This form must be printed, signed, and emailed/faxed/mailed to the Board. Email address is provided on instructions page.
Under Alabama law, this document is a public record and will be provided upon request